



CAMP PARKS TRAINING SITE (TRAINING SUPPORT REQUEST)

DATE SUBMITTED

For submission of support requests, complete this form and forward/fax to: Director of Plans, Training, and Billeting Mgmt (DPT), ATTN: AFRC-FMC-DPT, Camp Parks Training Site, 311 8th Street, Dublin, CA 94568-5201. **TEL: (925) 875-4305/4318/4303, FAX: (925) 875-4306.** Submit request not later than 60 days prior to the training date. Attach as enclosures details of any special or unusual support requirements. You may submit a consolidated request covering subordinate units or organizations conducting concurrent training. However, your unit is responsible for all units included in the request.

****NOTE: IN ORDER TO BE APPROVED, UNIT(S) MUST SUBMIT TRAINING SCHEDULE, DA FORM 1687, COPY OF ASSUMPTION OF COMMAND ORDERS, AND RISK ASSESSMENT.****

UNIT NAME:	POC:	TRAINING PERIOD: (MMDDYY)	
UNIT ADDRESS:	PHONE:	FROM:	TO:
	FAX:	TOTAL PERSONNEL STRENGTH TO BE AT CAMP PARKS:	
UNIT PHONE:	BRANCH OF SVC:	ENVIRONMENTAL POC	
UIC:	MACOM/RRC/TAG:	NAME:	PHONE:
DODAAC:	TRAINING DESCRIPTION:		
	TYPE OF TRAINING:		

ELEMENTS	Number of Officers	Number of Enlisted	ARRIVAL		DEPARTURE		Mode of Travel
			Date (MMDDYY)	Time (HH:mm)	Date (MMDDYY)	Time (HH:mm)	
Advance Party							
Main Body							
Rear Detachment							

BILLETING REQUIREMENTS: YES ☐ NO ☐

(NOTE: NAF LODGING: Rooms require payment. For reservations call (925) 803-5326.)

AT and IDT: Soldiers on AT will be housed in Troop Billeting; IDT soldiers will be housed in Troop Billeting, if available. UNIT FULL TIME SUPPORT PERSONNEL will be responsible for the issue/turn-in of rooms/barracks on Monday for their personnel leaving during non-duty hours.

UNIT COMMANDER	DATE(S) REQUIRED (MMDDYY)		NUMBER OF OFFICERS		NUMBER OF ENLISTED		TOTAL NUMBER OF LINEN SETS REQUIRED
	FROM:	TO:	MALE:	FEMALE:	MALE:	FEMALE:	

BUILDING/FACILITY REQUIREMENTS

(Select all that apply)

WASH RACK ☐ PARADE FIELD ☐ ¼ MILE RUN CRSE ☐ 2 MILE RUN CRSE ☐
SOCCER FIELD ☐ FLAG POLE AREA ☐ DISTANCE LEARNING FACILITY ☐
DATE: _____ TIME: _____ TENT CITY ☐

PARKING/LANDING SPACE REQUIREMENTS

(NOTE: Unit(s) must plan for own POL support using credit card/local purchase)

WHEELED VEHICLES:	POV'S:	AIRCRAFT (PPR Required)
		NUMBER: _____ TYPE: _____

SITE SUPPORT SERVICES

(NUMBER REQUIRED)

CHEMICAL LATRINE:	HAND WASHING STATION:	DUMPSTER(S) 6 Cubic Yard: <input type="text"/> 40 Cubic Yard: <input type="text"/>	ICE MACHINE:	FAX MACHINE:	COPY MACHINE:
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DINING FACILITY SUPPORT: YES ☐ NO ☐

(NOTE: Unit(s) must submit memo with date, meal period, and number of personnel.)

****RANGE AREA REQUIREMENT: UNIT MUST PRESENT THE APPROVED RESERVATION CONTRACT PRIOR TO SIGN OUT OF THE REQUESTED TRAINING AREA(S)****

Area A			FROM:	TO:
NBC	<input type="checkbox"/>	A1		
TAC Landing Zone	<input type="checkbox"/>	A2		
BIVOUAC SITE 1	<input type="checkbox"/>	A3		
BIVOUAC SITE 2	<input type="checkbox"/>	A4		
BIVOUAC SITE 3	<input type="checkbox"/>	A5		
MED SITE 2	<input type="checkbox"/>	A6		
MED SITE 3	<input type="checkbox"/>	A7		
BIVOUAC SITE 4	<input type="checkbox"/>	A8		
AIR STRIP	<input type="checkbox"/>	A9		
CTT SITE	<input type="checkbox"/>	A10		
DROP ZONE SOUTH	<input type="checkbox"/>	A11		
RAPPEL TOWER	<input type="checkbox"/>	A12		
OBSTACLE COURSE	<input type="checkbox"/>	A13		
FIRING RANGES				
PISTOL SHOTGUN	<input type="checkbox"/>	B2		
PISTOL RANGE	<input type="checkbox"/>	B3		
M-16 ZERO RANGE	<input type="checkbox"/>	B4		
M-16 QUAL RANGE	<input type="checkbox"/>	B5		
AUTO CMBT PISTOL/M203 (MULTI PURPOSE)	<input type="checkbox"/>	B6		
RANGE CLASS ROOM	<input type="checkbox"/>	B6a		
RANGE SHOOT HOUSE		B7		
AREA C				
TRAINING AREA	<input type="checkbox"/>	C1		
AREA D	<input type="checkbox"/>			
TRAINING AREA	<input type="checkbox"/>	D1		
AREA E				
VEHICLE TRACK CRSE	<input type="checkbox"/>	E1		
ENGINEER BRIDGE SITE	<input type="checkbox"/>	E2		
BIVOUAC SITE 5	<input type="checkbox"/>	E3		
BIVOUAC SITE 6	<input type="checkbox"/>	E4		
GARRISON FACILITY				
B-620 CONF/CLASS ROOM	<input type="checkbox"/>			
VEHICLE STAGING AREA	<input type="checkbox"/>			
TSO6C CLASS ROOM (620A)	<input type="checkbox"/>			
CHAPEL	<input type="checkbox"/>			
DRIVER TRAINING GARRISON	<input type="checkbox"/>			
AREA F				
FIELD KITCHEN SITE 1	<input type="checkbox"/>	F1		
FIELD KITCHEN SITE 2	<input type="checkbox"/>	F2		
SIM GENADE RANGE PRAC	<input type="checkbox"/>	F3		
BIVOUAC SITE 7	<input type="checkbox"/>	F4		
BIVOUAC SITE 8	<input type="checkbox"/>	F5		
BIVOUAC SITE 9	<input type="checkbox"/>	F6		

AREA G				
BIVOUAC SITE 10	<input type="checkbox"/>	G1		
LITTER OBSTACLE CRSE	<input type="checkbox"/>	G2		
ROPE BRIDGE TRAINING SITE	<input type="checkbox"/>	G3		
AREA J				
ATGM TRACKING SITE		J1		
MANEUVER AREA	<input type="checkbox"/>	J2		
VECHICLE RECOVERY SITE	<input type="checkbox"/>	J3		
BIVOUAC SITE 11	<input type="checkbox"/>	J4		
BIVOUAC SITE 12	<input type="checkbox"/>	J5		
BIVOUAC SITE 13	<input type="checkbox"/>	J6		
CLASS ROOM	<input type="checkbox"/>	J7		
CLASS ROOM	<input type="checkbox"/>	J8		
LAND NAVIGATION	<input type="checkbox"/>	J10		
AREA K	<input type="checkbox"/>			
DEMO RANGE		K1		
BIVOUAC SITE 14	<input type="checkbox"/>	K2		
BIVOUAC SITE 15	<input type="checkbox"/>	K3		
BIVOUAC SITE 16	<input type="checkbox"/>	K4		
LAND NAVIGATION	<input type="checkbox"/>	K5		
SPECIAL K BIVOUAC SITE	<input type="checkbox"/>	K6		
AREA L	<input type="checkbox"/>			
LEADERSHIP REACTION CRSE (LRC)		L1		
AREA M	<input type="checkbox"/>			
MED SITE 1	<input type="checkbox"/>	M1		
BIVOUAC SITE 17	<input type="checkbox"/>	M2		
BIVOUAC SITE 18	<input type="checkbox"/>	M3		
ALT LAND NAV (UNMARKED)	<input type="checkbox"/>	M4		
PARKING LOT	<input type="checkbox"/>	M5		

SPECIAL REQUIREMENTS:
CHAIRS AND TABLES A/V SUPPORT

****All IED TYPE DEVICES WILL BE CLEARLY
MARKED "TRAINING" AND INVENTORIED
PRIOR TO CLEARING THE TRAINING AREA**

COMMANDER'S SIGNATURE
 or
AUTHORIZED REPRESENTATIVE
